

New York State Division of Criminal Justice Services
**SECURITY GUARD PROGRAM - FORMS REQUEST FOR
 PART I & PART II OPTICAL MARK READER FORMS (BUBBLE SHEETS)**

SECTION I – TRAINING SCHOOL INFORMATION

School Director Name		Telephone Number (area code first)
School Name		School Code
Address		Room/Suite
City, State, Postal Code		School Expiration Date
Telephone Number (area code first)	Email Address	
Shipping Company (A valid account with a shipping company is required for shipment of program forms)		Account Number
Shipping Address (if different from above)		Room/Suite
Shipping City, State, Postal Code (if different from above)		

(Pursuant to Training Bulletin #699-1-08, DCJS is no longer able to incur shipping costs for the mailing of these forms. Please provide a valid shipping account number for shipper (i.e. UPS or Fed Ex Ground Call Tag)

SECTION II – FORMS REQUEST

Forms	Quantity	DCJS USE ONLY
Part I Instructor (Red) Forms (25/pack)		
Part II Student (Orange) Forms (50/pack)		

FAX REQUEST (PREFERRED) TO:

(518) 485-7639

MAIL REQUEST TO:

NYS Division of Criminal Justice Services
 Office of Public Safety - Security Guard Program
 4 Tower Place, 4th Floor
 Albany, NY 12203-3702

QUESTIONS

If you have any questions regarding this form, call (518) 457-4135 for assistance.

DCJS USE ONLY:	
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